Written Protocols to Strengthen Relationships and Improve Coordination Between Hospitals and Regional Care Collaborative Organizations (RCCOs)

Intent

The protocols are designed to be bi-directional and collaborative. They are relevant to the Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration) and may also be useful to the Accountable Care Collaborative (ACC) Program as a whole. Initial protocols utilize systems and data currently available while reflecting a commitment to continuous improvement.

Process

- Facilitate a meeting between a small number of hospitals and RCCO representatives who volunteer to participate and represent their broader interests.
- Discuss contractual roles and responsibilities, common and differing elements of care coordination, and ways to work together to better serve their shared clients.
- Prepare a preliminary draft of protocols.
- Meet again or communicate electronically to review the draft, answer questions, and resolve outstanding issues.
- Revise the draft and share with broader constituencies for additional input and comment.
- Submit written protocols as recommendations to the Demonstration's Advisory Subcommittee and the Department of Health Care Policy and Financing (the Department).

Elements

The purpose of the protocols is to assist collaboration between hospitals and RCCOs to better serve their shared Medicare-Medicaid enrollees and Medicaid clients. These protocols foster the hospitals and RCCO common aims of (1) improving health outcomes for individuals, (2) improving client experience through enhanced coordination and quality of care, and (3) decreasing unnecessary and duplicative services and resulting costs.

Hospital and RCCO core activities include (1) identification of shared clients, (2) identification of client needs and community barriers that affect utilization patterns, (3) understanding coordination responsibilities, (4) prioritization of shared clients, (5) identification of common issues to support collaboration among all hospitals and

RCCOs throughout the state, (6) contact and communication, and (7) mutually agreed upon support functions.

Identification of Shared Clients The hospitals and RCCOs continue to explore methods and opportunities to identify shared clients. Some of these efforts include very labor-intensive protocols (e.g., faxes and phone calls as well as high-tech solutions such as Colorado Regional Health Information Organization (CORHIO) products). Monthly, a representative from the hospital and the RCCO Contract Manager will meet to discuss and work to improve identification processes.

Understanding Coordination Responsibilities

- Hospitals will continue to fulfill their responsibilities for clients, which include, but may not be limited to, activities such as admission, discharge and transitions of care, and other client support as needed.
- RCCOs will continue to fulfill their contractual responsibilities for clients, which
 include, but may not be limited to, activities such as supporting and partnering
 with those hospital representatives around admissions, discharge and transitions
 of care, and other client support as needed.

Prioritization of Shared Clients

- Monthly, hospitals and RCCOs will prioritize shared clients based on each organization's knowledge of and experience with the clients.
- Hospitals and RCCOs will schedule meetings to ensure that they organize coordination activities for the top tiers of individual clients using each organization's method of prioritizing.

Contact and Communication

- As the client expresses choices in navigating service needs, hospitals and RCCOs will incorporate the individual client's preferences whenever possible; discuss each priority client's care coordination and transition needs; determine which organization fulfills the majority of those needs; identify the appropriate primary care coordination manager; have additional conversations; and engage other resources as needed.
- Hospitals and RCCOs will use data analysis and client feedback as appropriate to identify trends or types of situations where coordinated care management works well and does not work well; such consideration may include level of care, socioeconomic determinants, ability to navigate resources, behavioral health, etc.
- Hospitals and RCCOs will utilize these discussions and trends to streamline care coordination and transition activities in a way that maximizes client outcomes and permits the care management team to apply resources effectively and efficiently.

 Hospitals and RCCOs will consider assigning care managers from both organizations to shared clients in a way that facilitates conversations and activities between hospitals and RCCO care managers and with the individual clients.

Mutually Agreed Upon Support Functions

- Hospitals and RCCOs will continue to explore additional ways to support each other and the clients they serve.
- Such collaboration activities may include but not be limited to admissions, discharge, and transitions of care.

Timeline

Hospitals and RCCOs support the following timeline:

- Develop and share protocols with their broader constituencies (January-March 2013).
- Present protocols in preliminary draft form to the Demonstration's Advisory Subcommittee (June 2013).
- Conduct preliminary testing and make any necessary adjustments (June 2013).
- Present protocols in final draft form to the Demonstration's Advisory Subcommittee (July 2013).
- Recommend protocols to the Department (July 2013).
- Implement protocols (August 2013).
- Assess protocols quarterly (October 2013 and thereafter).